

APHIS Form 29

- The New APHIS 29 Form was developed to ensure regulatory compliance and to make it more customer friendly. The form should be completed by the employee and their supervisor

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

**OCCUPATIONAL MEDICAL MONITORING PROGRAM
OCCUPATIONAL EXPOSURES**
(Please print all information)

Section A (To be completed by employee)

Name (Last, First, Middle Initial)		Social Security Number	Work Address (Include Laboratory, Building and Room)	
Date of Birth	Title, Series, Grade			
Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	Telephone Number			

Section B (To be completed by employee)

Are you a respirator user? If yes, what type? (Check all that apply)
☐ Yes ☐ No ☐ Negative Pressure ☐ PAPR ☐ SCBA ☐ Pesticide Applicator ☐ Yes ☐ No

Name of Occupational Exposure (List all actual/potential occupational exposures with which you work. Use continuation sheet, if necessary)	CAS or EPA Number	Work Use (Note 1)	Route of Entry S, I, R (Note 2)	Check box(es) Frequency (Note 3)				Check box(es) Duration (Note 4)		
				1F	2F	3F	4F	1D	2D	3D
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify other work use: _____

Note 1 (Work Use): FM-Fume-Hood, BT-Bench Top, BS-Back Sprayer, T-Tractor, BSC-Biological Safety Cabinet, O-Outdoors, AP-Aircraft, E-Explosives, SH-Shooting; Note 2 (Route of Entry): S-Skin, I-Ingestion, R-Respiratory; Note 3 (Frequency): 1F-Daily, 2F-Weekly, 3F-Monthly, 4F-Seasonal; and Note 4 (Duration): 1D-Less than 1 hour, 2D-1 to 8 hours, 3D-More than 8 hours.

Section C (To be completed by employee)

I have reviewed the information and certify that it is accurate to the best of my knowledge.

Address	Signature	Telephone Number

Section D (To be completed by employee's supervisor)

I have reviewed the information provided by the employee and certify that it is accurate to the best of my knowledge.

Address	Signature	Telephone Number

APHIS FORM 29 (NOV 2003)

Medical Surveillance

- APHIS 29 Form is available at:
<http://www.aphis.usda.gov/library/forms/pdf/aphis29.pdf>
- Steps to Complete APHIS 29 Form
- (1) The employee, who is requesting medical surveillance service, must complete sections A & B and sign section C.
- (2) Then the form must be reviewed/verified and signed by the supervisor in section D.
- (3) The employee or the supervisor then should fax the form to FOH (Judy Ma – 415-437-8007).
- (4) FOH Medical Advisor (Dr. Wugofski – 415-437-8056) will review the Aphis 29 Form and a USDA/APHIS/MSP Test List will be generated indicating what tests, exams or immunizations the employee is eligible for. This list of tests, exams, or immunizations will be sent back to the employee.
- (5) The employee calls for appointment and brings this list of tests to the assigned Occupational Health Clinic. The OHC may want the employee to fax the USDA/APHIS/MSP Test List to assist them in scheduling the tests or exam.

Enter ALL Identifying information in the appropriate boxes

Where there is a box to indicate a choice, simply click on the appropriate box to make your selection

Work Address should include any Building, Laboratory Or Room numbers that make up your location.

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OCCUPATIONAL MEDICAL MONITORING PROGRAM OCCUPATIONAL EXPOSURES

(Please print all information)

Section A (To be completed by employee)

Name (Last, First, Middle Initial) BUSY-GUY, Ima		Social Security Number 123-45-6789	Work Address (Include Laboratory, Building and Room numbers) 123 East Happy Go Lucky Blvd. Northwest Wallis Parrot View, Nebraska 01234
Date of Birth 09/27/1900	Title, Series, Grade Veterinary Medical Officer, GS0504-11		
Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Telephone Number 987-654-3210		

Section B (To be completed by employee)

Are you a respirator user? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what type? (Check all that apply) <input checked="" type="checkbox"/> Negative Pressure <input checked="" type="checkbox"/> PAPR <input checked="" type="checkbox"/> SCBA			Pesticide Applicator <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Occupational Exposure (List all actual/potential occupational exposures with which you work. Use continuation sheet, if necessary)	CAS or EPA Number	Work Use (Note 1)	Route of Entry S, I, R (Note 2)	Frequency (Note 3)				Duration (Note 4)		
				1F	2F	3F	4F	1D	2D	3D
Noise - Pilot of Bell Model 63T Helicopter	NA	O, AP, SH, E	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Noise - Bird Relocation near USMC Harrier Jets	NA	O		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Noise - Inspections of Dog/Puppy Rearing Facilities	NA	O & Indoors		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pesticide - Cumophos applications on horses/cattle		O & Indoors	S,I,R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pesticide - Monitoring of Methyl Bromide Fumigations	NA	O & Indoors	S,I,R	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Biological - Avian Influenza Surveillance	NA	O & Indoors	S,I,R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chemical - Ammonia in Heated Chicken Houses	NA	Indoors	S, R	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chemical - Isopropyl Alcohol for Insect samples		BT	S,I,R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monkeys - Inspections - Exposed to Feces & Urine	NA	O & Indoors	S,I,R	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deer - Perform necropsies of tick infested deer	NA	O & Indoors	S,I,R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Beaver Dam Removal Operations with Plastic Explosive	NA	O		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Aerial Gunning from Un-Manned Drone	NA	O, AC, SH,E		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Radiation - Sterilization Irradiator Operator	NA	Indoors		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Important

- **NOTE:** Please enter the address where the employee wants his or her Confidential Results mailed to on the APHIS Form 29. The address listed on the APHIS Form 29 is where the results will be mailed.

**OCCUPATIONAL MEDICAL MONITORING PROGRAM
OCCUPATIONAL EXPOSURES**

(Please print all information)

Section A (To be completed by employee)

Name (Last, First, Middle Initial) BUSY-GUY, Ima		Social Security Number 123-45-6789	Work Address (Include Laboratory, Building and Room) 123 East Happy Go Lucky Blvd. Northwest Wallys Parrot View, Nebraska 01234
Date of Birth 09/27/1900	Title, Series, Grade Veterinary Medical Officer, GS0504-11		
Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Telephone Number 987-654-3210		

Section B (To be completed by employee)

Are you a respirator user? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what type? (Check all that apply) <input checked="" type="checkbox"/> Negative Pressure <input checked="" type="checkbox"/> PAPR <input checked="" type="checkbox"/> SCBA			Pesticide Applicator <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					
Name of Occupational Exposure (List all actual/potential occupational exposures with which you work. Use continuation sheet, if necessary)	CAS or EPA Number	Work Use (Note 1)	Route of Entry S, I, R (Note 2)	Check box(es) Frequency (Note 3) 1F 2F 3F 4F				Check box(es) Duration (Note 4) 1D 2D 3D		
Noise - Pilot of Bell Model 63T Helicopter	NA	O, AP, SH, E	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Noise - Bird Relocation near USMC Harrier J				<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Noise - Inspections of Dog/Puppy Rearing Fa				<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pesticide - Cumophos applications on horses			S,I,R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pesticide - Monitoring of Methyl Bromide Fun			S,I,R	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Biological - Avian Influenza Surveillance			S,I,R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chemical - Ammonia in Heated Chicken Hou			S, R	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chemical - Isopropyl Alcohol for Insect samp			S,I,R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Monkeys - Inspections - Exposed to Feces &			S,I,R	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deer - Perform necropsies of tick infested deer	NA	O & Indoors	S,I,R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Beaver Dam Removal Operations with Plastic Explosive	NA	O		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Aerial Gunning from Un-Manned Drone	NA	O, AC, SH,E		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Radiation - Sterilization Irradiator Operator	NA	Indoors		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hazardous Waste - Spent Dibrom Trap Storage	NA	Indoors	S,I,R	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rabies - Pickup both live and dead rabid animals	NA	O	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ozone form Office Copier	NA	Indoors	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



If necessary, use the following Continuation sheet to complete Occupational Exposures

Name of Occupational Exposure
List ALL actual/potential occupational exposures with which you work.

CONTINUATION SHEET

Name (Last, First, Middle Initial)		Social Security Number		Telephone Number		Date				
Name of Occupational Exposure (List all actual/potential occupational exposures with which you work)	CAS or EPA Number	Work Use (Note 1)	Route of Entry S, I, R (Note 2)	Check box(es) Frequency (Note 3)				Check box(es) Duration (Note 4)		
				1F	2F	3F	4F	1D	2D	3D
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<		

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OCCUPATIONAL MEDICAL MONITORING PROGRAM
OCCUPATIONAL EXPOSURES

(Please print all information)

Section A (To be completed by employee)

Name (Last, First, Middle Initial) BUSY-GUY, Ima		Social Security Number 123	Address (Include Laboratory, Building and Room) Happy Go Lucky Blvd. Tallys Parrot View, Nebraska
Date of Birth 09/27/1900	Title, Series, Grade Veterinary Medical Officer, GS		
Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Telephone Number 987-654-3210		

Enter the **CAS**
or **EPA** Number, if available.
Refer to the MSDS
or Labeling Information
for these numbers

Section B (To be completed by employee)

Are you a respirator user? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type? (Check all that apply) <input checked="" type="checkbox"/> Negative Pressure <input checked="" type="checkbox"/> PAPR <input checked="" type="checkbox"/> SCBA	Pesticide Applicator <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
Name of Occupational Exposure (List all actual/potential occupational exposures with which you work. Use continuation sheet, if necessary)	CAS or EPA Number	Work Use (Note 1)	Route of Entry S, I, R (Note 2)	Check box(es) Frequency (Note 3)				Check box(es) Duration (Note 4)		
Noise - Pilot of Bell Model 63T Helicopter	NA	O, AP, SH, E	R	<input checked="" type="checkbox"/> 1F	<input type="checkbox"/> 2F	<input type="checkbox"/> 3F	<input type="checkbox"/> 4F	<input type="checkbox"/> 1D	<input checked="" type="checkbox"/> 2D	<input type="checkbox"/> 3D
Noise - Bird Relocation near USMC Harrier Jets	NA	O		<input checked="" type="checkbox"/> 1F	<input type="checkbox"/> 2F	<input type="checkbox"/> 3F	<input type="checkbox"/> 4F	<input type="checkbox"/> 1D	<input type="checkbox"/> 2D	<input checked="" type="checkbox"/> 3D
Noise - Inspections of Dog/Puppy Rearing Facilities	NA	O & Indoors		<input type="checkbox"/> 1F	<input checked="" type="checkbox"/> 2F	<input type="checkbox"/> 3F	<input type="checkbox"/> 4F	<input type="checkbox"/> 1D	<input checked="" type="checkbox"/> 2D	<input type="checkbox"/> 3D
Pesticide - Cumophos applications on horses/cattle		O & Indoors	S, I, R	<input checked="" type="checkbox"/> 1F	<input type="checkbox"/> 2F	<input type="checkbox"/> 3F	<input type="checkbox"/> 4F	<input type="checkbox"/> 1D	<input type="checkbox"/> 2D	<input checked="" type="checkbox"/> 3D
Pesticide - Monitoring of Methyl Bromide Fumigations	NA	O & Indoors	S, I, R	<input type="checkbox"/> 1F	<input checked="" type="checkbox"/> 2F	<input type="checkbox"/> 3F	<input type="checkbox"/> 4F	<input type="checkbox"/> 1D	<input checked="" type="checkbox"/> 2D	<input type="checkbox"/> 3D
Biological - Avian Influenza Surveillance	NA	O & Indoors	S, I, R	<input checked="" type="checkbox"/> 1F	<input type="checkbox"/> 2F	<input type="checkbox"/> 3F	<input type="checkbox"/> 4F	<input type="checkbox"/> 1D	<input checked="" type="checkbox"/> 2D	<input type="checkbox"/> 3D
Chemical - Ammonia in Heated Chicken Houses	NA	Indoors	S, R	<input type="checkbox"/> 1F	<input checked="" type="checkbox"/> 2F	<input type="checkbox"/> 3F	<input type="checkbox"/> 4F	<input type="checkbox"/> 1D	<input checked="" type="checkbox"/> 2D	<input type="checkbox"/> 3D
Chemical - Isopropyl Alcohol for Insect samples		BT	S, I, R	<input checked="" type="checkbox"/> 1F	<input type="checkbox"/> 2F	<input type="checkbox"/> 3F	<input type="checkbox"/> 4F	<input checked="" type="checkbox"/> 1D	<input type="checkbox"/> 2D	<input type="checkbox"/> 3D
Monkeys - Inspections - Exposed to Feces & Urine	NA	O & Indoors	S, I, R	<input type="checkbox"/> 1F	<input type="checkbox"/> 2F	<input checked="" type="checkbox"/> 3F	<input type="checkbox"/> 4F	<input type="checkbox"/> 1D	<input checked="" type="checkbox"/> 2D	<input type="checkbox"/> 3D
Deer - Perform necropsies of tick infested deer	NA	O & Indoors	S, I, R	<input type="checkbox"/> 1F	<input type="checkbox"/> 2F	<input type="checkbox"/> 3F	<input checked="" type="checkbox"/> 4F	<input type="checkbox"/> 1D	<input checked="" type="checkbox"/> 2D	<input type="checkbox"/> 3D
Beaver Dam Removal Operations with Plastic Explosive	NA	O		<input checked="" type="checkbox"/> 1F	<input type="checkbox"/> 2F	<input type="checkbox"/> 3F	<input type="checkbox"/> 4F	<input type="checkbox"/> 1D	<input checked="" type="checkbox"/> 2D	<input type="checkbox"/> 3D
Aerial Gunning from Un-Manned Drone	NA	O, AC, SH, E		<input type="checkbox"/> 1F	<input checked="" type="checkbox"/> 2F	<input type="checkbox"/> 3F	<input type="checkbox"/> 4F	<input type="checkbox"/> 1D	<input checked="" type="checkbox"/> 2D	<input type="checkbox"/> 3D
Radiation - Sterilization Irradiator Operator	NA	Indoors		<input type="checkbox"/> 1F	<input checked="" type="checkbox"/> 2F	<input type="checkbox"/> 3F	<input type="checkbox"/> 4F	<input type="checkbox"/> 1D	<input checked="" type="checkbox"/> 2D	<input type="checkbox"/> 3D

Name (Last, First, Middle Initial) BUSY-GUY, Ima		Social Security Number 123-45	Address (Street, City, State, Zip, and Room)
Date of Birth 09/27/1900	Title, Series, Grade Veterinary Medical Officer, GS050		
Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Telephone Number 987-654-321		

Work Use

Use one of the following to describe how the listed items are used:

FH, BT, BS, T, BSC, O, AP, E, SH

★ (See Note 1 in the reference box below for more info.)

Section B (To be completed by employee)

Are you a respirator user? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what type? (Check all that apply) <input checked="" type="checkbox"/> Negative Pressure <input checked="" type="checkbox"/> PAPR	Pesticide Applicator <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Occupational Exposure (List all actual/potential occupational exposures with which you work. Use continuation sheet, if necessary)	CAS or EPA Number	Work Use (Note 1)	Route of Entry S, I, R (Note 2)	Check box(es) Frequency (Note 3) 1F 2F 3F 4F	Check box(es) Duration (Note 4) 1D 2D 3D
Noise - Pilot of Bell Model 63T Helicopter	NA	O, AP, SH, E	R	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Noise - Bird Relocation near USMC Harrier Jets	NA	O		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Noise - Inspections of Dog/Puppy Rearing Facilities	NA	O & Indoors		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Pesticide - Cumophos applications on horses/cattle		O & Indoors	S, I, R	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Pesticide - Monitoring of Methyl Bromide Fumigations	NA	O & Indoors	S, I, R	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Biological - Avian Influenza Surveillance	NA	O & Indoors	S, I, R	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Chemical - Ammonia in Heated Chicken Houses	NA	Indoors	S, R	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Chemical - Isopropyl Alcohol for Insect samples		BT	S, I, R	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>
Monkeys - Inspections - Exposed to Feces & Urine	NA	O & Indoors	S, I, R	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Deer - Perform necropsies of tick infested deer	NA	O & Indoors	S, I, R	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Beaver Dam Removal Operations with Plastic Explosive	NA	O		<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Aerial Gunning from Un-Manned Drone	NA	O, AC, SH, E		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Radiation - Sterilization Irradiator Operator	NA	Indoors		<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
Specify other work use:					

Note 1 (Work Use): FH – Fume Hood, BT – Bench Top, BS – Back Sprayer, T – Tractor, BSC – Biological Safety Cabinet, O – Outdoors, AP – Aircraft, E – Explosives, SH – Shooting

Specify other work use:

Note 1 (Work Use): FM-Fume-Hood, BT-Bench Top, BS-Back Sprayer, T-Tractor, BSC-Biological Safety Cabinet, O-Outdoors, AP-Aircraft, E-Explosives, SH-Shooting; **Note 2 (Route of Entry):** S-Skin, I- Ingestion, R- Respiratory; **Note 3 (Frequency):** 1F-Daily, 2F-Weekly, 3F-Monthly, 4F-Seasonal; and **Note 4 (Duration):** 1D-Less than 1 hour, 2D-1 to 8 hours, 3D-More than 8 hours.

Section C (To be completed by employee)

I have reviewed the information and certify that it is accurate to the best of my knowledge.

Address

Signature

Telephone Number

OCCUPATIONAL MEDICAL MONITORING PROGRAM

OCCUPATIONAL EXPOSURES

Section A (To be completed by employee)

Name (Last, First, Middle Initial)		Social Security Number
BUSY-GUY, Ima		123-45-6789
Date of Birth	Title, Series, Grade	
09/27/1900	Veterinary Medical Officer, GS0504-11	
Sex	Telephone Number	
<input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	987-654-3210	

Route of Entry

Use the following to describe route of entry

S, I, R

Use a combination to best describe the potential or actual routes of entry.

★ (See Note 2 in the reference box below for more info.)

Section B (To be completed by employee)

Are you a respirator user?		If yes, what type? (Check all that apply)		Respirator		Check box(es)				Check box(es)		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Negative Pressure <input checked="" type="checkbox"/> PAPR <input checked="" type="checkbox"/> SCBA		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Frequency				Duration		
Name of Occupational Exposure (List all actual/potential occupational exposures with which you work. Use continuation sheet, if necessary)		CAS or EPA Number	Work Use (Note 1)	Route of Entry S, I, R (Note 2)		1F	2F	3F	4F	1D	2D	3D
						(Note 3)				(Note 4)		
Noise - Pilot of Bell Model 63T Helicopter		NA	O, AP, SH, E	R		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Noise - Bird Relocation near USMC Harrier Jets		NA	O			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Noise - Inspections of Dog/Puppy Rearing Facilities		NA	O & Indoors			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pesticide - Cumophos applications on horses/cattle			O & Indoors	S,I,R		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pesticide - Monitoring of Methyl Bromide Fumigations		NA	O & Indoors	S,I,R		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Biological - Avian Influenza Surveillance		NA	O & Indoors	S,I,R		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chemical - Ammonia in Heated Chicken Houses		NA	Indoors	S, R		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chemical - Isopropyl Alcohol for Insect samples			BT	S,I,R		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monkeys - Inspections - Exposed to Feces & Urine		NA	O & Indoors	S,I,R		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deer - Perform necropsies of tick infested deer		NA	O & Indoors	S,I,R		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Beaver Dam Removal Operations with Plastic Explosive		NA	O			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Aerial Gunning from Un-Manned Drone		NA	O, AC, SH,E			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Radiation - Sterilization Irradiator Operator		NA	Indoors			<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hazardous Waste - Spent Dibrom Trap Storage		NA	Indoors	S,I,R		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rabies -						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ozone fo						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Note 2 (Route of Entry): S – Skin, I – Ingestion, R – Respiratory

Specify other work use:

★ **Note 1 (Work Use):** FM-Fume-Hood, BT-Bench Top, BS-Back Sprayer, T-Tractor, BSC-Biological Safety Cabinet, O-Outdoors, AP-Aircraft, E-Explosives, SH-Shooting; **Note 2 (Route of Entry):** S-Skin, I- Ingestion, R- Respiratory; **Note 3 (Frequency):** 1F-Daily, 2F-Weekly, 3F-Monthly, 4F-Seasonal; and **Note 4 (Duration):** 1D-Less than 1 hour, 2D-1 to 8 hours, 3D-More than 8 hours.

Section C (To be completed by employee)

I have reviewed the information and certify that it is accurate to the best of my knowledge.

OCCUPATIONAL MEDICAL MONITORING PROGRAM OCCUPATIONAL EXPOSURES

(Please print all information)

Section A (To be completed by employee)

Name (Last, First, Middle Initial) BUSY-GUY, Ima		Social Security Number 123-45-6789	Work Address (Include Localities) 123 East Happy Go Lucky Northwest Wallys Parrot V 01234
Date of Birth 09/27/1900	Title, Series, Grade Veterinary Medical Officer, GS0504-11		
Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Telephone Number 987-654-3210		

Frequency

Indicate frequency of use by selecting the appropriate box
★ (See Note 3 in the reference box below for more info.)

Section B (To be completed by employee)

Are you a respirator user? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what type? (Check all that apply) <input checked="" type="checkbox"/> Negative Pressure <input checked="" type="checkbox"/> PAPR <input checked="" type="checkbox"/> SCBA			Pesticide Applicator <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Name of Occupational Exposure (List all actual/potential occupational exposures with which you work. Use continuation sheet, if necessary)	CAS or EPA Number	Work Use (Note 1)	Route of Entry S, I, R (Note 2)	Frequency (Note 3)				Check box(es) Duration (Note 4)		
				1F	2F	3F	4F	1D	2D	3D
Noise - Pilot of Bell Model 63T Helicopter	NA	O, AP, SH, E	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Noise - Bird Relocation near USMC Harrier Jets	NA	O		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Noise - Inspections of Dog/Puppy Rearing Facilities	NA	O & Indoors		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Pesticide - Cumophos applications on horses/cattle		O & Indoors	S,I,R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Pesticide - Monitoring of Methyl Bromide Fumigations	NA	O & Indoors	S,I,R	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Biological - Avian Influenza Surveillance	NA	O & Indoors	S,I,R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chemical - Ammonia in Heated Chicken Houses	NA	Indoors	S, R	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Chemical - Isopropyl Alcohol for Insect samples		BT	S,I,R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monkeys - Inspections - Exposed to Feces & Urine	NA	O & Indoors	S,I,R	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deer - Perform necropsies of tick infested deer	NA	O & Indoors	S,I,R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Beaver Dam Removal Operations with Plastic Explosive	NA	O		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Aerial Gunning from Un-Manned Drone	NA	O, AC, SH,E		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Radiation - Sterilization Irradiator Operator	NA	Indoors		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hazardous Waste - Spent Dibrom Trap Storage	NA	Indoors	S,I,R	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rabies				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ozon				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Note 3 (Frequency): 1F – Daily, 2F – Weekly, 3F – Monthly, 4F - Seasonal

Specify other work use:

Note 1 (Work Use): FM-Fume-Hood, BT-Bench Top, BS-Back Sprayer, T-Tractor, BSC-Biological Safety Cabinet, O-Outdoors, AP-Aircraft, E-Explosives, SH-Shooting; **Note 2 (Route of Entry):** S-Skin, I- Ingestion, R- Respiratory; **Note 3 (Frequency):** 1F-Daily, 2F-Weekly, 3F-Monthly, 4F-Seasonal; and **Note 4 (Duration):** 1D-Less than 1 hour, 2D-1 to 8 hours, 3D-More than 8 hours.

Section C (To be completed by employee)

I have reviewed the information and certify that it is accurate to the best of my knowledge.

OCCUPATIONAL EXPOSURES

(Please print all information)

Section A (To be completed by employee)

Name (Last, First, Middle Initial) BUSY-GUY, Ima		Social Security Number 123-45-6789	Work Address (Include Laboratory, Building, etc.) 123 East Happy Go Lucky Blvd. Northwest Wallis Parrot View, Nebraska 01234
Date of Birth 09/27/1900	Title, Series, Grade Veterinary Medical Officer, GS0504-11		
Sex <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male	Telephone Number 987-654-3210		

Duration

Indicate possible exposure by selecting the appropriate box (See Note 4 in the reference box below for more info.)

Section B (To be completed by employee)

Are you a respirator user? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what type? (Check all that apply) <input checked="" type="checkbox"/> Negative Pressure <input checked="" type="checkbox"/> PAPR <input checked="" type="checkbox"/> SCBA			Pesticide Applicator <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Name of Occupational Exposure (List all actual/potential occupational exposures with which you work. Use continuation sheet, if necessary)	CAS or EPA Number	Work Use (Note 1)	Route of Entry S, I, R (Note 2)	Check box(es) Frequency (Note 3)				Check box(es) Duration (Note 4)			
				1F	2F	3F	4F	1D	2D	3D	
Noise - Pilot of Bell Model 63T Helicopter	NA	O, AP, SH, E	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Noise - Bird Relocation near USMC Harrier Jets	NA	O		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Noise - Inspections of Dog/Puppy Rearing Facilities	NA	O & Indoors		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Pesticide - Cumophos applications on horses/cattle		O & Indoors	S, I, R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Pesticide - Monitoring of Methyl Bromide Fumigations	NA	O & Indoors	S, I, R	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Biological - Avian Influenza Surveillance	NA	O & Indoors	S, I, R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Chemical - Ammonia in Heated Chicken Houses	NA	Indoors	S, R	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Chemical - Isopropyl Alcohol for Insect samples		BT	S, I, R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monkeys - Inspections - Exposed to Feces & Urine	NA	O & Indoors	S, I, R	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Deer - Perform necropsies of tick infested deer	NA	O & Indoors	S, I, R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Beaver Dam Removal Operations with Plastic Explosive	NA	O		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Aerial Gunning from Un-Manned Drone	NA	O, AC, SH, E		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Radiation - Sterilization Irradiator Operator	NA	Indoors		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Note 4 (Duration): 1D – Less than 1 hour, 2D – 1 to 8 hours, 3D – More than 8 hours

Specify other work use:

Note 1 (Work Use): FM-Fume-Hood, BT-Bench Top, BS-Back Sprayer, T-Tractor, BSC-Biological Safety Cabinet, O-Outdoors, AP-Aircraft, E-Explosives, SH-Shooting; **Note 2 (Route of Entry):** S-Skin, I- Ingestion, R- Respiratory; **Note 3 (Frequency):** 1F-Daily, 2F-Weekly, 3F-Monthly, 4F-Seasonal; and **Note 4 (Duration):** 1D-Less than 1 hour, 2D-1 to 8 hours, 3D-More than 8 hours.

Section C (To be completed by employee)

I have reviewed the information and certify that it is accurate to the best of my knowledge.

Address	Signature	Telephone Number
---------	-----------	------------------

Chemical - Isopropyl Alcohol for Insect samples		BT	S,I,R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monkeys - Inspections - Exposed to Feces & Urine	NA	O & Indoors	S,I,R	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deer - Perform necropsies of tick infested deer	NA	O & Indoors	S,I,R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Beaver Dam Removal Operations with Plastic Explosive	NA	O		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Aerial Gunning from Un-Manned Drone	NA	O, AC, SH,E		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Radiation - Sterilization Irradiator Operator	NA	Indoors		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hazardous Waste - Spent		Indoors	S,I,R	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rabies - Pickup both live &		O	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ozone form Office Copier		Indoors	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Specify other work use:				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Employee
must complete
Address,
Telephone number,
Sign & Date**

Note 1 (Work Use): FM-Fume-Hood, BT-Back Sprayer, T-Tractor, BSC-Biological Safety Cabinet, O-Outdoors, AP-Aircraft, E-Explosives, SH-Shooting; **Note 2 (Route):** S-Skin, I- Ingestion, R- Respiratory; **Note 3 (Frequency):** 1F-Daily, 2F-Weekly, 3F-Monthly, 4F-Seasonal; and **Note 4 (Duration):** 1D-Less than 1 hour, 2D-1 to 8 hours, 3D-More than 8 hours.

Section C (To be completed by employee)

I have reviewed the information and certify that it is accurate to the best of my knowledge.

Address	Signature	Telephone Number
		Date

Section D (To be completed by employee's supervisor)

I have reviewed the information provided by the employee and certify that it is accurate to the best of my knowledge.

Address	Signature	Telephone Number
		Date

Monkeys - Inspections - Exposed to Feces & Urine	NA	O & Indoors	S,I,R	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Deer - Perform necropsies of tick infested deer	NA	O & Indoors	S,I,R	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Beaver Dam Removal Operations with Plastic Explosive	NA	O		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Aerial Gunning from Un-Manned Drone	NA	O, AC, SH,E		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Radiation - Sterilization Irradiator Operator	NA	Indoors		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Hazardous Waste - Spent Dibrom Trap Storage	NA	Indoors	S,I,R	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Rabies - Pickup both live and dead rabid animals	NA	O	S	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Ozone form Office Copier	NA	Indoors	R	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Specify other work use:

Note 1 (Work Use): FM
E-Explosives, SH-Shoo
Monthly, 4F-Seasonal;

**Supervisor
must complete
Address,
Telephone number,
Sign & Date**

ayer, T-Tractor, BSC-Biological Safety Cabinet, O-Outdoors, AP-Aircraft,
gestion, R- Respiratory; **Note 3 (Frequency):** 1F-Daily, 2F-Weekly, 3F-
ur, 2D-1 to 8 hours, 3D-More than 8 hours.

(To be completed by employee)

I certify that it is accurate to the best of my knowledge.

Address

Telephone Number

Date

Section D (To be completed by employee's supervisor)

I have reviewed the information provided by the employee and certify that it is accurate to the best of my knowledge.

Address

Signature

Telephone Number

Date

Questions



If you have any questions
on completing this form,
please contact **Peter Petch**
on **(301) 734-5383**